

## **CLAIMS**

**FILING DATE**

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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TOTAL IND.			/			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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*\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS*